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Denali Training Fund Quarterly Progress Report

Funds for this project are provided by the USDOL and the Denali Commission and managed, in partnership, by the Alaska Department of Labor and Workforce Development.

Name of Organization: First Alaskans Institute
Name of Project: Summer Internship Program
Reporting Period: 1/1/2010-3/31/2010
Contact Person: Amber Jenkins
Contact Number: 677-1700 Email Address: amberjenkins@firstalaskans.org
Expenditures to date: \$ 215,616.24 - (\$981.83 requested this quarter)
Certification: I certify that the information in this report is current, correct and true and in accordance with the terms and conditions of the agreement.
Signed by:  Dated: 4/30/10

1. In a few sentences, please describe the scope of your project:

First Alaskans Institute's project provides Alaska Native or rural Alaskan junior, senior, or graduate college students with a 10-week summer internship opportunity within a partner employer in the students' field of study and interest. A central component of the internship is the leadership training seminars which the interns participate in during the internship. Additionally, the Institute tracks the long-term career/work placements for all interns.

2. Project Activities for this Reporting Period:

Describe the grant activities that happened during this report period. Include planning, advertisement and/or training performance that occurred this quarter? List any accomplishments achieved. (Attach advertisements if applicable)

This quarterly report covers the recruiting and selection of interns and employers. We interviewed all interns and have begun making the employer matches. At this time we do not have a completed agenda for the leadership sessions.

A list of the 2010 Interns is attached.

3. Scheduled Project Activities/Important Dates for next quarter:

Describe your planned activities and training for next few months. Please include important dates like graduation, site visits, travel, job fairs, etc.

Next quarter we will begin the internship. We will be finalizing placements and securing travel. The internship starts on June 7, 2010 and we begin with a one week orientation.

The next quarter's report will include:

- A final selection of interns, who they are, their backgrounds, and where they are from.
- Final selection of employers and corporate sponsors.
- A final list of speakers for the 2010 leadership sessions and completed agenda.

4. a. How many are in your training program during this reporting period?

0

b. How many people have been trained and/or certified to date from this grant?

23

(Please complete form below.)

5. Please complete the list by putting the community to which each individual trained is from, the type of training and certification, the graduation date and who will employ them upon completion of training.

Community where trainee lives	Type of Training/ Service	Type of Certification to be earned/earned	Dates of training	Graduation Date	Employment commitment after training is complete

Please copy and use another sheet if you need more spaces.

**Please see attached list of interns.

6. Please identify any problems or changes in your training project that will affect the budget, scope or timeline of the project. Is your training on schedule? What are the reasons for any difficulties or delays? Are you over budget/under budget? Have you had to change the initial scope?

Please provide an explanation to this change and your resolution to the variance.

None. We provided all recruiting in-kind and have used minimal fund for this fiscal year.

7. How are you or will you be evaluating the individuals being trained to ensure competency, skill level and understanding? (Testing, assessment, etc)

Individual employers require competencies for their employees. Interns are pre-screened and interviewed prior to participating in the internship program. Interns are also evaluated

both midway and at the completion of the 10-weeks, as well as yearly after participation in the program.

For the 2010 Summer Internship, the interns will also be surveyed to gauge their depth of knowledge and success of the internship trainings.

8. Please identify areas that we can assist you in the future.
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As we look to become more sustainable, we are looking for assistance in identifying long-term relationships with partner employers and communities for intern placements. Assistance with recruitment and program evaluation is needed, as appropriate.

First Alaskans Institute

Preliminary List of 2010 Summer Interns for Denali Commission 1st Quarter Report

Last Name	First Name	Region	School	Class Standing	Major
Alvarez	Michon	Ahtna	UAA	Junior	Social Work
Anderstrom	Gloria	Sealaska	UAS	Senior	Anthropology
Boerger	Jared	Calista	UAF	Sophomore	Petroleum Engineering
Bolles	Kaitlin	Sealaska	Eastern Washington University	Junior	Athletic Training
Brown	Samantha	Bering Straits	UAA	Junior	Nursing
Bugni	Mike	Sealaska	UAA - Kenai Campus	Junior	Process Technologies
Carpluk	Nelson	Calista	UAF	Graduate	Business Admin/Capital Markets
Corpuz	Tara	Doyon	UAA	Senior	English
Cox	Ryan	Calista	Liberty University	Junior	Kinesiology
Cozzetti	Marie	Calista	UAA	Sophomore	Biology and Chemistry
Evans	Ruth	Caddo Adais Tribe	UAA	Junior	Nursing
Feller	Erin	CIRI	Washington State University	Junior	Pre-Dental
Jacobs	Torin	Doyon	Institute of Audio Research	Junior	Music Production/Sound Engineering
Kaimirowicz	Matilda	Bristol Bay	UAA	Junior	Elementary Education
Mahle	Joyce	Ahtna	Charter College	Junior	Computer Science
Medford	Marissa	Sealaska	University of Idaho	Junior	Business Management
Nay	Pauline	NANA	UAF	Senior	Biochemistry / Inupiaq
Riley Sr	Brian	Calista	UAA	Senior	Business Management
Rogers	Crystal	Sealaska	UAS	Junior	Liberal Arts - Independent Design
Stack	Jeremiah	Sealaska	UAA		Electrical Engineering
Willoya	Theodore	CIRI	UAA	Junior	Electrical Engineering
Wilson	Rosanne	Aleut	UAA	Graduate	Business Administration
Wolfe	Ralph	Sealaska	UAS	Senior	History

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. <div style="text-align: center;">0348-0004</div>		PAGE <div style="text-align: center;">1</div> OF <div style="text-align: center;">1</div> PAGES
		1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED <div style="text-align: center;">Denali Commission</div>		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY <div style="text-align: center;">01060-00</div>		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST <div style="text-align: center;">4</div>
6. EMPLOYER IDENTIFICATION NUMBER <div style="text-align: center;">92-0174854</div>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <div style="text-align: center;">1/1/2010</div>		TO (month, day, year) <div style="text-align: center;">3/31/2010</div>
9. RECIPIENT ORGANIZATION Name: First Alaskans Institute Number and Street: 606 E. Street, Suite 200 City, State and ZIP Code: Anchorage, AK 99501		10. PAYEE (Where check is to be sent if different than item 9) Name: Number and Street: City, State and ZIP Code:		
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$ 215,616.24	\$	\$	\$ 215,616.24
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	215,616.24	0.00	0.00	215,616.24
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	215,616.24	0.00	0.00	215,616.24
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	215,616.24			215,616.24
h. Federal payments previously requested	214,634.41			214,634.41
i. Federal share now requested (Line g minus line h)	981.83	0.00	0.00	981.83
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				0.00
2nd month				0.00
3rd month				0.00
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY				
a. Estimated Federal cash outlays that will be made during period covered by the advance				\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				
c. Amount requested (Line a minus line b)				\$ 0.00

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL



TYPED OR PRINTED NAME AND TITLE

Janie Leask, President/CEO

DATE REQUEST
SUBMITTED

April 30, 2010

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

907-677-1700

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | Item | Entry |
|------|--|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. |

Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.

- 11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or

- | Item | Entry |
|------|---|
| | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 13 | Complete the certification before submitting this request. |

	240 Denali Training Grant (200 Leadership Development)	250 Denali Training Match (200 Leadership Development)	TOTAL
Ordinary Income/Expense			
Income			
4000 • Public Support and Contribution			
4010 • Grant Revenue			
4011 • Federal	981.83	0.00	981.83
Total 4010 • Grant Revenue	981.83	0.00	981.83
4020 • Contributions and Donations			
4022 • Corporate	0.00	50,910.20	50,910.20
Total 4020 • Contributions and Donations	0.00	50,910.20	50,910.20
Total 4000 • Public Support and Contribution	981.83	50,910.20	51,892.03
Total Income	981.83	50,910.20	51,892.03
Expense			
5000 • Personnel			
5010 • Salaries and Wages	720.00	0.00	720.00
5100 • Payroll Taxes			
5105 • FICA	44.64	0.00	44.64
5110 • Medicare	10.44	0.00	10.44
Total 5100 • Payroll Taxes	55.08	0.00	55.08
Total 5000 • Personnel	775.08	0.00	775.08
6000 • Travel and Training			
6505 • Travel and Per Diem	160.00	0.00	160.00
Total 6500 • Travel and Training	160.00	0.00	160.00
Total Expense	935.08	0.00	935.08
Net Ordinary Income	46.75	50,910.20	50,956.95
Other Income/Expense			
Other Expense			
7105 • Indirect Expenses	46.75	0.00	46.75
Total Other Expense	46.75	0.00	46.75
Net Other Income	-46.75	0.00	-46.75
Net Income	0.00	50,910.20	50,910.20